

**County of San Bernardino
Department of Behavioral Health**

Contract Provider Certifications Procedure

Effective Date 2/1/07
Approval Date 2/1/07


Allan Rawland, Director

Purpose

To establish the departmental procedures to control and monitor the Medi-Cal certification process for a contract provider who has a valid contract with the department and has requested certification. Certification allows the provider and subsequently the department to bill the State Department of Mental Health for Medi-Cal services.

**Regional
Program
Manager
Responsibility**

The appropriate Regional Program Manager (RPM) is responsible for ensuring that the Contract clinic Medi-Cal certification process is completed in an accurate and timely manner based upon the processes (Request, Approval, Cost Center Number Issuance, certification, and Implementation process) identified in this document. Additionally, the RPM will have oversight responsibilities, while working with the following entities:

- Contracts Unit
- Deputy Director of Administration
- Fiscal Unit
- Information Services (IS)
- Quality Management (QM)
- State Department of Mental Health (DMH)

**Request
Process**

The below request process will take six to ten days in duration:

Step 1	The contract provider completes and forwards a Letter of Intent for Medi-Cal certification to their Regional Program Manager.
--------	---

County of San Bernardino

Department of Behavioral Health

Step 2	The RPM will compare the services requested to the identified services in the provider's contract and one of the following will occur:				
	<table border="1"> <thead> <tr> <th data-bbox="535 351 933 383">If discrepancies exist, then</th><th data-bbox="950 351 1412 383">If the services match, then</th></tr> </thead> <tbody> <tr> <td data-bbox="535 393 933 553">The RPM will notify the provider to make the necessary modifications to the "Letter of Intent" and the process starts anew.</td><td data-bbox="950 393 1412 893"> The RPM will issue a certification packet to the provider for completion that consists of: <ul style="list-style-type: none"> • Approval cover letter • Short Doyle Medi-Cal (SD/MC) provider certification application • SD/MC provider agreement • Medi-Cal provider data form • Medi-Cal provider disclosure statement • Mode of service • W-9 • Reporting unit setup form • Request for cost center number </td></tr> </tbody> </table>	If discrepancies exist, then	If the services match, then	The RPM will notify the provider to make the necessary modifications to the "Letter of Intent" and the process starts anew.	The RPM will issue a certification packet to the provider for completion that consists of: <ul style="list-style-type: none"> • Approval cover letter • Short Doyle Medi-Cal (SD/MC) provider certification application • SD/MC provider agreement • Medi-Cal provider data form • Medi-Cal provider disclosure statement • Mode of service • W-9 • Reporting unit setup form • Request for cost center number
If discrepancies exist, then	If the services match, then				
The RPM will notify the provider to make the necessary modifications to the "Letter of Intent" and the process starts anew.	The RPM will issue a certification packet to the provider for completion that consists of: <ul style="list-style-type: none"> • Approval cover letter • Short Doyle Medi-Cal (SD/MC) provider certification application • SD/MC provider agreement • Medi-Cal provider data form • Medi-Cal provider disclosure statement • Mode of service • W-9 • Reporting unit setup form • Request for cost center number 				
Step 3	<ul style="list-style-type: none"> • The provider completes the certification packet documents and returns the packet to the RPM for review and approval of the Mode of Service, the Medical application, and the Reporting Unit setup form. • If any forms are incomplete or in error, the RPM will work directly with the provider to eliminate any issues and then sign the Cover Letter approval. 				
Step 4	The certification packet, including the Letter of Intent and Fire/Notice Clearance, is then forwarded to the Deputy Director of Administration for concurrence and sign-off.				

**Administrative
Process/
Certification
Filing Process**

The below Administrative process/Certification Filing process will take one day in duration:

Step 1	The Deputy Director of Administration will provide final document oversight and one of the following will occur:				
	<table border="1"> <thead> <tr> <th data-bbox="535 1644 933 1676">If discrepancies exist, then</th><th data-bbox="950 1644 1412 1676">If documents are in order, then</th></tr> </thead> <tbody> <tr> <td data-bbox="535 1687 933 1847">The Deputy Director will notify the RPM of inconsistencies that need to be resolved with the provider for document resubmission.</td><td data-bbox="950 1687 1412 1847">The Deputy Director will sign the Cover Letter Approval form and forward the certification packet to the Fiscal unit.</td></tr> </tbody> </table>	If discrepancies exist, then	If documents are in order, then	The Deputy Director will notify the RPM of inconsistencies that need to be resolved with the provider for document resubmission.	The Deputy Director will sign the Cover Letter Approval form and forward the certification packet to the Fiscal unit.
If discrepancies exist, then	If documents are in order, then				
The Deputy Director will notify the RPM of inconsistencies that need to be resolved with the provider for document resubmission.	The Deputy Director will sign the Cover Letter Approval form and forward the certification packet to the Fiscal unit.				

County of San Bernardino Department of Behavioral Health

Step 2	<ul style="list-style-type: none"> • The Fiscal Unit will complete the following functions upon receipt of the certification packet and approval form: <ul style="list-style-type: none"> ○ Create a new provider folder and file the original documents. (Fiscal will maintain the official “Provider File”, which will include all original documents) ○ Provide a copy of the certification packet to Quality management.
--------	---

Cost Center Number Issuance Process

The Cost Center Number Issuance process is independent of the Certification process, but requires completion prior to implementation and will take one day in duration:

Step 1	Fiscal will perform the following: <ul style="list-style-type: none"> • A final review of the cost center request form and notify the RPM of any discrepancies for data correction prior to continuing. • Establish a cost center number for the new provider, update the Cost Center Report, and forward it to Information Services.
Step 2	Information Services will do the following: <ul style="list-style-type: none"> • Post the new Cost Center Report to the DBH Intranet site. • Notify all DBH staff of the updated report via e-mail. • Provide updates to Pharmaceutical Network (PCN) and the PCN file extraction program.

Certification Process

The below certification process will take twelve to seventeen days in duration:

Step 1	Upon receipt of the provider's certification packet, Quality Management will do one the following: <ul style="list-style-type: none"> • QM will verify that the provider has passed the fire certification requirements. <ul style="list-style-type: none"> ○ If discrepancies exist, the provider is issued a letter of Non-Compliance and must address the issues and pass a fire inspection before QM takes further action.
--------	---

County of San Bernardino Department of Behavioral Health

Step 1 (Cont'd)	<ul style="list-style-type: none"> QM will complete a site inspection at the business location to determine if they are in compliance with Title 9 and State DMH contractual requirements. 	
	If discrepancies exist, then QM must: Provide a Report of Findings to the provider, identifying those areas of non-compliance.	If discrepancies exist, then the provider must: Complete and file a Plan of Correction, addressing concerns noted by the Quality Management Division at the on-site review, within a thirty (30) day time frame.
	<ul style="list-style-type: none"> QM will complete a Provider File Update (PFU) and M/C Transmittal and forward it to the Fiscal Unit upon the provider passing the file and site certifications. 	
Step 2	The fiscal unit prepares and faxes a State Provider Packet to the State Department of Mental Health (DMH) for assignment of the provider and legal entity numbers. Include the following documents: <ul style="list-style-type: none"> Provider File Update Legal Entity Form (if required) 	
Step 3	DMH will assign the provider and legal entity number (If required) and e-mail the information to the fiscal unit	
Step 4	The Fiscal unit signs the M/C Transmittal form and <ul style="list-style-type: none"> Faxes a copy to the State MediCal Oversight Committee South and to the QM unit. The original is placed in the provider folder. Faxes the entire provider certification packet and Schedule A of the provider contract to information Services. 	
Step 5	QM issues a letter to the provider that grants certification.	

Implementation Process

The implementation process will take two days in duration. Information Services (IS) is responsible for implementing the new provider into the production environment by completing:

- Provider specific updates to InSyst systems parameters.
- Provider training
- Notification to the following DBH units of system update completion
 - Administration/Deputies
 - Billing Office
 - Contracts Office
 - Fiscal
 - Regional Program Manager